

HKMJ April 2022 CME/CPD for Fellows and non-Fellows

The *Hong Kong Medical Journal* has introduced CME/CPD for Fellows of the Hong Kong Academy of Medicine (HKAM), and registrants of the MCHK CME Programme under the HKAM or the Hong Kong Medical Association can also participate. It is based on published articles in the Journal, and the Editorial Board aims at selecting topics of more general interest to a wide range of specialties. For HKAM Fellows, decision of whether any of the selected article(s) is/are appropriate for CME/CPD exercise rests with the CME/CPD committee of their representative Colleges. Answer sheets sent by Fellows of College(s) that do not assign CME/CPD points will not be processed.

The amount of CME/CPD points awarded (for specialist CME/CPD) to each of the articles by the specific Colleges is indicated at the bottom of this page. Fellows of the specific Colleges can either participate by returning the answer sheet to the quizzes by mail/fax to the Academy or doing the quizzes online at iCMECPD (<http://www.icmecpd.hk>). If Fellows choose to do a quiz online, their answer sheet for the same quiz sent to the Academy by mail/fax will not be processed.

For the MCHK CME Programme, one CME point has been accredited per article by the Academy. Registrants of the MCHK CME Programme must mail or fax the completed answer sheet to their respective Administrator. **Registrants of the Academy must return the answer sheet to the Academy, similarly registrants of the Medical Association must return it to the Association.** The Academy and the Association, who are both appointed as Administrators for the MCHK Programme, will not be responsible for re-directing answer sheets sent to the wrong Administrator by mistake to each other.

Instructions:

1. Fill in the personal particulars in the answer sheet.
2. Shade the correct answer square for each question.
3. Mail or fax the Answer Sheet to the Academy or the Medical Association by **31 May 2022**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <u>under the Academy</u>	Ref: CMECPD Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; fax: (852) 2505 5577
Registrants for the MCHK/HKMA CME Programme <u>under the Medical Association</u>	The Hong Kong Medical Association Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943

College CME/CPD Points (as of 10 May 2022):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Non-Ana)	50%	1 (Non-Ana)	50%
Hong Kong College of Community Medicine	0.5 (Self Study)	50%	0.5 (Self Study)	50%
College of Dental Surgeons of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Emergency Medicine	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Family Physicians	1 (Cat.5.01)	50%	1 (Cat.5.01)	50%
Hong Kong College of Obstetricians and Gynaecologists	Pending		Pending	
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (PP-Cat. B)	80%	1 (PP-Cat. B)	80%
Hong Kong College of Otorhinolaryngologists	1 (Cat.1.2)	80%	1 (Cat.1.2)	80%
Hong Kong College of Paediatricians	Nil		1 (Active Cat.E)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	0.5 (Active)	0%	0.5 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	80%	1 (Self Study)	80%
Hong Kong College of Radiologists	Nil		1 (Self Study)	50%
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

CME Points for MCHK CME Programme: 1 CME point per article

Answer Sheet – Hong Kong Medical Journal April 2022 Issue

Name: _____

Hong Kong Academy of Medicine <i>For Academy Fellows:</i> College: _____ Fellowship No: _____ <i>For MCHK CME Registrants:</i> MCHK Reg. No. _____	Hong Kong Medical Association HKMA Membership or CME No.: _____ HKID No: __ __ - __ __ __ __ X X (X) Contact Telephone No.: _____ Signature: _____
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I. Surgical treatment of pelvic organ prolapse in women aged ≥75 years in Hong Kong: a multicentre retrospective study	<i>True</i>	<i>False</i>
A. Are the following statements regarding obliterative versus reconstructive surgeries true or false? 1. Patients with more advanced age chose obliterative surgery rather than reconstructive surgery.	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients with uterine prolapse usually opted for obliterative surgery rather than reconstructive surgery.	<input type="checkbox"/>	<input type="checkbox"/>
3. There were significantly shorter operative time and fewer surgical complications for obliterative surgeries than for reconstructive surgeries.	<input type="checkbox"/>	<input type="checkbox"/>
4. Concerning surgical complications, transvaginal mesh surgery had the highest intra- and peri-operative complication rate compared with the other subgroups.	<input type="checkbox"/>	<input type="checkbox"/>
5. There were significantly fewer prolapse recurrences for the obliterative group than for the reconstructive group.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning surgical treatment of pelvic organ prolapse for women aged ≥75 years true or false? 1. Surgical treatment can improve quality of life of older women and is obvious in the reconstructive group. Most of them were suffering from failed vaginal pessary and urinary retention.	<input type="checkbox"/>	<input type="checkbox"/>
2. Surgical treatment is a safe option for women of this age-group with zero postoperative mortality.	<input type="checkbox"/>	<input type="checkbox"/>
3. Compared with another large cohort study with younger patients, more patients in this study were admitted to intensive care unit after surgery because they were more prone to suffer from fluid overload; perioperative fluid replacement should be cautious.	<input type="checkbox"/>	<input type="checkbox"/>
4. For colpocleisis-alone surgery, preoperative transvaginal ultrasound to look for endometrial thickness and endometrial aspiration should not be considered in women for uterine-preserving surgery.	<input type="checkbox"/>	<input type="checkbox"/>
5. Transvaginal mesh surgery is a more complex surgery with higher surgical complication rate; therefore, it should not be a safe option for healthier patients with stage III/IV pelvic organ prolapse.	<input type="checkbox"/>	<input type="checkbox"/>
II. Update on the Recommendations on Breast Cancer Screening by the Cancer Expert Working Group on Cancer Prevention and Screening	<i>True</i>	<i>False</i>
A. Are the following statements regarding the prevention and screening of female breast cancer true or false? 1. Consumption of alcoholic beverages increases the risk of breast cancer (BC) in both premenopausal and postmenopausal women. Women are advised to avoid alcohol to lower their risk of developing BC.	<input type="checkbox"/>	<input type="checkbox"/>
2. Evidence from randomised controlled trials shows that teaching women to perform breast self-examination leads to more detection of benign breast lesions and unnecessary biopsies, but no benefit in reducing BC mortality and advanced disease.	<input type="checkbox"/>	<input type="checkbox"/>
3. There is sufficient evidence supporting the use of breast ultrasonography as a routine screening test for BC in asymptomatic women.	<input type="checkbox"/>	<input type="checkbox"/>
4. Overseas evidence show that organised mammography screening programme decreases BC mortality and detects BC at an earlier stage.	<input type="checkbox"/>	<input type="checkbox"/>
5. Women with false-positive mammographic results may experience short-term psychological distress which could be mitigated through clear communications with their doctors.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning the BC screening recommendations by Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) true or false? 1. Women are recommended to be breast aware and seek medical advice promptly if suspicious symptoms arise.	<input type="checkbox"/>	<input type="checkbox"/>
2. The CEWG recommends adopting a risk-based BC screening approach for women in Hong Kong.	<input type="checkbox"/>	<input type="checkbox"/>
3. Confirmed carriers of <i>BRCA1</i> or <i>BRCA2</i> deleterious mutations are considered at high risk of BC, so they should consult doctors and undergo annual mammography screening.	<input type="checkbox"/>	<input type="checkbox"/>
4. Asymptomatic women aged 44 to 69 years are recommended to estimate their personalised BC risk by using the risk assessment tool developed by The University of Hong Kong and those who are assessed to be at increased risk are recommended to consider mammography screening every 2 years.	<input type="checkbox"/>	<input type="checkbox"/>
5. There is adequate evidence to recommend clinical breast examination as a BC screening tool for asymptomatic women.	<input type="checkbox"/>	<input type="checkbox"/>